

THE CLEVELAND MUSEUM OF ART
FORTY-SIXTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
 MAY 6 to JUNE 14 1964

Born in Cleveland ☒ YES ☐ NO

PLEASE
 LETTER
 PLAINLY
 OR TYPE

Collaborator if any _____

Artist

ARLENE

FAY

SOBLE

FIRST NAME

LAST NAME

Address

3276 Cedarbrook Rd. Cleve. Hts. 18 Ohio

Tel.

ED-1-2040

NO.

STREET

CITY

ZIP CODE

COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

| NUMBER FOR SALE | NUMBER IN EDITION (Graphic Prts.) | PRICE | TITLE | MEDIUM | CLASS | DO NOT WRITE IN THESE COLUMNS | |
|-----------------|--------------------------------------|-------|--------------------|--------|-------|-------------------------------|----------------|
| 1 | 1 | \$35 | Windows | Photo | 5 | 1163 | A ⁴ |
| 1 | 1 | 25 | Composition No. #1 | Photo | 5 | | |
| 1 | 1 | 25 | Composition No. #2 | Photo. | 5 | | |
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SUBMIT ENTRY BLANK NO LATER THAN MARCH 9, 1964.

This entry blank must be fully made out (typewritten or plainly lettered) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1964.

It is also understood that accepted entries will remain on exhibition until June 14, 1964.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE

PAID MAR 9 1964
 Arlene F. Soble